

Exhibit A

**UNITED STATES BANKRUPTCY COURT
NORTHERN DISTRICT OF CALIFORNIA (SAN FRANCISCO DIVISION)**

In re:

**PG&E CORPORATION,
- and -
PACIFIC GAS AND ELECTRIC
COMPANY,
Debtors.**

**Bankruptcy Case
No. 19-30088 (DM)**

**Chapter 11
(Lead Case)
(Jointly Administered)**

Proof of Claim (Fire Claim Related)

Read the instructions before filing this claim form. This form is for tort claimants who have a claim against the Debtors (i.e. PG&E Corporation and Pacific Gas and Electric Company) that arose prior to the Debtors filing for bankruptcy (i.e. prior to January 29, 2019) and that arose from, or relates to, a fire.

Do not use this form for non-fire claims. Non-fire tort claimants should use Form 410.

Do NOT file a fraudulent claim. A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and 3571.

Please type or print in the spaces below. Do NOT use red ink or pencil.

Part 1: Identify the Claim

1. Who is the current creditor?	Kimberly D. Locke-Russell <small>Name of the current creditor (the person or entity to be paid for this claim)</small>		
2. Has this claim been acquired from someone else?	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes. From whom? _____	
3. Are you filing this claim on behalf of your family?	<input type="checkbox"/> No	<small>If you checked "Yes", please provide the full name of each family member that you are filing on behalf of:</small>	
	<input checked="" type="checkbox"/> Yes	Kimberly D. Locke-Russell Austin D. Russell Connor M. Russell	
4. Where should notices and payments to the creditor be sent?	Where should notices to the creditor be sent?	Where should payments to the creditor be sent? <small>(if different)</small>	
Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)	Name <u>Casey Gerry Schenk Francavilla Blatt & Penfiled LLP</u> Attorney Name (if applicable) <u>Srinivas Hanumadass</u> Attorney Bar Number (if applicable) <u>110 Laurel Street</u> Street Address _____ City <u>San Diego</u> State <u>California</u> Zip Code <u>92101</u> Phone Number <u>8582327503</u> Email Address <u>vas@cglaw.com</u>	Name _____ Attorney Name (if applicable) _____ Attorney Bar Number (if applicable) _____ Street Address _____ City _____ State _____ Zip Code _____ Phone Number _____ Email Address _____	
5. Does this claim amend one already filed?	<input checked="" type="checkbox"/> No	Filed on _____	
	<input type="checkbox"/> Yes. Claim number on court claims registry (if known) _____	MM / DD / YYYY	
6. Do you know if anyone else has filed a proof of claim for this claim?	<input checked="" type="checkbox"/> No		
	<input type="checkbox"/> Yes. Who made the earlier filing? _____		

Part 2:**Give Information About the Claim as of the Date this Claim Form is Filed****7. What fire is the basis of your claim?**

Check all that apply.

- Camp Fire (2018)
- North Bay Fires (2017)
- Ghost Ship Fire (2016)
- Butte Fire (2015)
- Other (please provide date and brief description of fire): _____

8. What are the loss location(s) where you and/or your family suffered harm? (e.g. home or business address, place of injury, place from which you were evacuated, if different?)

Location(s): 694 Buschmann Rd. Paradise, CA 95969

9. How were you and/or your family harmed?

Check all that apply

- Property Damage (homes, structures, personal property, land, trees, landscaping, and all other property damage)
 - Owner
 - Renter
 - Occupant
 - Other (Please specify): My grandma's home/my inheritance
- Personal Injury
- Wrongful Death (if checked, please provide the name of the deceased) _____
- Business Loss/Interruption
- Lost wages and earning capacity
- Loss of community and essential services
- Agricultural loss
- Other (Please specify): **Emotional Distress, Nuisance**

10. What damages are you and/or your family claiming/seeking?

Check all that apply

- Economic damages (including replacement cost of damaged property, diminution in value, loss of use, lost inventory, lost profits, and other economic damage)
- Non-economic damages (including loss of society and support, loss of consortium, pain and suffering, emotional distress, annoyance and discomfort, and other non-economic damage)
- Punitive, exemplary, and statutory damages
- Attorney's fees and litigation costs
- Interest
- Any and all other damages recoverable under California law
- Other (Please specify): _____

11. How much is the claim?

- \$ _____ (optional)
- Unknown / To be determined at a later date

Part 3: Sign Below

The person completing this proof of claim must sign and date it.
FRBP 9011(b).

If you file this claim electronically, FRBP 5005(a)(2) authorizes courts to establish local rules specifying what a signature is.

A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both.
18 U.S.C. §§ 152, 157, and 3571.

Check the appropriate box:

I am the creditor.
 I am the creditor's attorney or authorized agent.

I have examined the information in this *Proof of Claim* and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Signature: *Srinivas Hanumadass*

Srinivas Hanumadass (Feb 24, 2021 12:31 PST)

Email: vas@cglaw.com

Signature

Print the name of the person who is completing and signing this claim:

Name	Srinivas Hanumadass		
	First name	Middle name	Last name
Title	Attorney		
Company	Casey Gerry Schenk Francavilla Blatt & Penfield		
	Identify the corporate servicer as the company if the authorized agent is a servicer.		
Address	110 Laurel Street		
	Number	Street	
	San Diego		CA 92101
	City	State	ZIP Code
Contact phone	8582327503		Email vas@cglaw.com

Attach Supporting Documentation (limited to a single PDF attachment that is less than 5 megabytes in size and under 100 pages):

I have supporting documentation.
(attach below) I do not have supporting documentation.

PLEASE REVIEW YOUR PROOF OF CLAIM AND SUPPORTING DOCUMENTS AND REDACT ACCORDINGLY PRIOR TO UPLOADING THEM. PROOFS OF CLAIM AND ATTACHMENTS ARE PUBLIC DOCUMENTS THAT WILL BE AVAILABLE FOR ANYONE TO VIEW ONLINE.

IMPORTANT NOTE REGARDING REDACTING YOUR PROOF OF CLAIM AND SUPPORTING DOCUMENTATION When you submit a proof of claim and any supporting documentation you must show only the last four digits of any social-security, individual's tax-identification, or financial-account number, only the initials of a minor's name, and only the year of any person's date of birth. If the claim is based on the delivery of health care goods or services, limit the disclosure of the goods or services so as to avoid embarrassment or the disclosure of confidential health care information.

A document has been redacted when the person filing it has masked, edited out, or otherwise deleted, certain information. The responsibility for redacting personal data identifiers (as defined in Federal Rule of Bankruptcy Procedure 9037) rests solely with the party submitting the documentation and their counsel. Prime Clerk and the Clerk of the Court will not review any document for redaction or compliance with this Rule and you hereby release and agree to hold harmless Prime Clerk and the Clerk of the Court from the disclosure of any personal data identifiers included in your submission. In the event Prime Clerk or the Clerk of the Court discover that personal identifier data or information concerning a minor individual has been included in a pleading, Prime Clerk and the Clerk of the Court are authorized, in their sole discretion, to redact all such information from the text of the filing and make an entry indicating the correction.